U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 8 101

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 1.2 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name John J Flynn	Name Intl Union of Bricklayers & Allied Craftworker			
	Labor Organization File Number 000-034			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 600			
Street 1776 Eye Street, NW	Street 1776 Eye Street, NW			
City Washington	City Washington			
State District of Columbia ZIP Code + 4 20006	State District of Columbia ZIP Code + 4 20006			
5. Position in labor organization. President				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of				
	7.a. Nature of Interest, Transaction, or Income.			
6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.			
	on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any). Name	on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.			
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.			
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.			
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.			

8-15-05

Date

202-783-3788

Telephone Number

Signed

Name of Person Filing John Flynn	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individualing with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Contributions are made to IMI pursuant to collective bargaining agreements negotiated by the Union and its affiliates. IMI contracts for services from the Union such as accounting, collection, data processing, human resources, meeting planning, etc		
Street	11.b. Approximate dollar value of such dealing. \$3,834,679		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	Business expense reimbursement for lodging, meals, phone and equipment for Winter Cluster Meeting Feb '04; business expense reimburseent for lodging, meals & miscellaneous expenses at annual meeting Nov. '04		
	12.b. Amount. \$870		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any). Name Opus Investment Advisors, LLC Trade Name, if any:	The Union has no, and has had no, business relationship or other dealings with this entity from which I received an unsolicited Christmas gift (bottle of wine) in 2004		
P.O. Box, Bldg., Room No., if any			
Street 2321 Rosencrans Avenue, Suite 3230			
City El Segundo			
State California ZIP Code + 4 90245			
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$122		

Name of Person Filing John Flynn	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name International Trowel Trades Pension Fund	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	D. HUSL	
Street 1776 Eye St., NW., Suite 700	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4 20006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Contributions are made to IPF purs collective bargaining agreements n	rang katalang ayyat sabuat patabah Banasa Banasa Banasa banasa banasa 1981 - Katalan 1981 🕻
Trade Name, if any:	Union and its affiliates. IPF contracts for services from the Union such as accounting,	
P.O. Box, Bldg., Room No., if any	collection, data procesing, human resources, meeting planning, etc	
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$3,090,813
	12.a. Nature of interest held or income received.	
	Business Expense Reimbursement for phone and equipment for Winter Clu lodging, parking, meals, phone & m at Spring Cluster Meeting May '04; and miscel. exp. Board of Trustees	ster Mtg Feb '04; iscel. expenses lodging meals
	12.b. Amount.	\$1,285

Name of Person Filing John Flynn	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name International Health Fund	a Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1776 Eye St, NW, Suite 600	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4 20006		•
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Contributions are made to THF pursuant to collective bargaining agreements negotiated by th	
Trade Name, if any:	Union and its affiliates. IHF conservices from the Union such as according	counting,
P.O. Box, Bldg., Room No., if any	collection, data procesing, human resources, meeting planning, etc	
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$816,948
	12.a. Nature of interest held or income received.	
	Business Expense Reimbursement for phone and equipment for Winter Clus '04; lodging, & miscel. expenses at Trustees meeting Nov. '04	ster Meeting Feb 📗
	12.b. Amount.	\$558

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local Officers and Employees Pension Fund	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1776 Eye St. NW. Suite 700	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4 20006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	LOEPF contracts for services from taccounting, data procesing, human r	化环烷基磺胺 医前肢 医皮肤性心 医皮肤结节 医乳腺 医皮肤 医皮肤性皮肤 畫 【
Trade Name, if any:	meeting planning, etc	
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$97,422
	12.a. Nature of interest held or income received.	ಗಾರಾಹಾಕ ಕ್ರೀಪ್ರಾತಿಕೊಳಗುವುದರ ನಿನೀರವಳಿಸು ನೀರುತಿಯೇ ಕುಡಿಕೊಳಿಸಿಗಳಿಂದರು ಸಿಸಿ ಕಾರ್ಯ ನಿನಿಧಿಕ ಕುಡಿದೆಯಲ್ಲಿ
	Business Expense Reimbursement for phone and equipment for Winter Clus	lodging, meals, ter Meeting Feb
	12.b. Amount.	\$312

Name of Person Filing John Flynn		File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name National Refractory Joint Industry Comm	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1776 Eye St, NW, Suite 600	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4 20006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Contributions are made to the JIC collective bargaining agreements numbers.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$80,838
	12.a. Nature of interest held or income received.	-jetes a too abo e dittier ang elektrical troop and ha annotation and a consider scoration, cid and described
	Business Expense Reimbursement for phone and equipment for Winter Clu	lodging, meals, ster Meeting Feb.
	12.b. Amount.	\$312

Name of Person Filing John Fl	ynn	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Amalgamated Bank/Ronald Luraski, Sr VP	a. Labor Organization	
Trade Name, if any:	Second to Tours	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1825 K street, NW	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4 20026		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name International Trowel Trades Pension Fund	Amalgamated Bank acts as custodian investments of IPF, and as Investment Retirement Savings Plan	
Trade Name, if any:	the Rethicher Savings Fran	
P.O. Box, Bldg., Room No., if any		The second secon
Street 1776 Eye St., Suite 700		
City Washington		
State District of Columbia ZIP Code + 4 20006	11.b. Approximate dollar value of such dealing.	\$12,768
	12.a. Nature of interest held or income received.	
	Christmas Gift blanket	
	12.b. Amount.	\$38

Name of Person Filing John Flynn	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Landon Butler & Company	a. Labor Organization	
Trade Name, if any:	Secretary L. Toward	
P.O. Box, Bldg., Room No., if any Suite 925	b. Trust	
Street 700 Thirteenth Street, NW	c. Employer	The property of the state of th
City Washington		
State District of Columbia ZIP Code + 4 20005		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name International Trowel Trades Pension Fund	Landon Butler is associated with p funds in which IPF has longstandin	ng investment, and
Trade Name, if any:	for which, to my knowledge, no fee Landon Butler & Company in 2004	s were paid to
P.O. Box, Bldg., Room No., if any Suite 700		
Street 1776 Eye Street, NW		Page 1
City Washington	AND PRATECTOR AND	
State District of Columbia ZIP Code + 4 20006	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.	performance of the control of the co
	Christmas Gift Christmas tree	
	12.b. Amount.	approx, \$100

Name of Person Filing John Flynn	i	File Number U-

	9. Business deals with:	
8. Name and address of Business (including trade name, if any).	9. Dusiness deals with.	
Name Riviera Hotel	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1600 N. Indian Canyon Dr.	c. Employer	
City Palm Springs		
State California ZIP Code + 4 92262		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Hotel guest (along with others) du January 2004.	ring meeting in
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	unknom
	12.a. Nature of interest held or income received.	
	There was a hospitlity basket in massumed was standard in the room istaying. However, I am reporting abundance of caution.	in which I was
	12.b. Amount.	\$55

Name of Person Filing John Flynn	File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name GESD Capital Partners, LLC	a. Labor Organization	
Trade Name, if any:	tion.d	
P.O. Box, Bldg., Room No., if any Suite 1450	b. Trust	
Street 221 Main Screet	c. Employer	
City San Francisco		
State California ZIP Code + 4 94105		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name International Trowel Trades Pension Fund	IPF invests in private equity fund GESD, under the direction of a QPA	s managed by M.
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 1776 Eye St., NW, Suite 700		
City Washington	Engine program (Alba Aller ang Park Mark Mark Aller and	The second section of the section of the second section of the second section of the section of the second section of the section o
State District of Columbia ZIP Code + 4 20006	11.b. Approximate dollar value of such dealing.	\$94,467
	12.a. Nature of interest held or income received.	And the contract of the special contraction of the
	Holiday food gift basket	
	12.b. Amount.	\$147

Name of Person Filing John Flynn File Number U-	Name of Person Filing John F	Flynn	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Diabetes Research Inst./U. Miami Sch. Med.	a. Labor Organization	
Trade Name, if any:	an zazor organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1450 NW 10th Ave. (R.77)	c. Employer	
City Miami		
State Florida ZIP Code + 4 33136		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Charitable donation	
Trade Name, if any:		
вый у контонный принцент в принц		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$5,000
	12.a. Nature of interest held or income received.	
	Christmas Gift - holiday food bas	cet
·		
	the state of the s	
	12.b. Amount.	a maix, \$100

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Name of	Person	Filina	Tohn	Flams
Maine of	1 013011	1 1111119		LIVIIII

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any			
13.a. Name and address of Employer or Labor Relations Consultant (including	14.a. Nature of payment.			
trade name, if any).	Lunch with spouse, July 29, 2004. My wife has a			
Name The McLaughlin Company/Ted Papas	longstanding friendship with this individual, and the company has no business relationship, and has			
Trade Name, if any:	had no business relationship with the Union, but I report it in an abundance of caution			
P.O. Box, Bldg., Room No., if any				
Street 1725 DeSales Street, NW				
City Washington				
State District of Columbia ZIP Code + 4 20036				
40.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	14.b. Amount of payment.			
13.b. Is the Business an Employer X or Consultant ?	\$41]			
C. Received from any employer (other than an employer covered under parts A	and B above) or from any labor relations consultant to an employer any			
payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
Lasting and a second a second and a second and a second and a second and a second a	14.b. Amount of payment.			
13.b. Is the Business an Employer or Consultant?				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any				
payment of money or other thing of value.	and a decrey of front any label relations constituting to all onlying any			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Project is well for the first of the first o				
Street				
City The Control of				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			